FÖRM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respo	nse16.00

SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED &

Name of Offering (check if this is an amendment of Control of Limited Partnership Interests	nt and name has changed, and indicate change.)	Company of the Compan
	504 Rule 505 Rule 506 Section 4(6)	□ ULOE
Type of Filing: New Filing Amendment		
	A. BASIC IDENTIFICATION DATA	187 (8)
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment a	nd name has changed, and indicate change.)	
Alpha Equity Real Estate Securities Fund, LP		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 860-773-6510
19A Ensign Drive, Avon, CT 06001 Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	(rumber and street, city, state, 21p ceae)	recognition realists (metalling rate color)
Brief Description of Business		
Towns on a Visite d Darte and in		
Investment Limited Partnership Type of Business Organization	<u> </u>	PROCESSED
corporation Iimited		lease specify):
business trust Iimited	partnership, to be formed	/ JUL 07 2003
Actual or Estimated Date of Incorporation or Organiza Jurisdiction of Incorporation or Organization: (Enter	two-letter U.S. Postal Service abbreviation for State:	FINANCIAL
	or Canada; FN for other foreign jurisdiction)	민명
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securi 77d(6).	ties in reliance on an exemption under Regulation D o	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 and Exchange Commission (SEC) on the earlier of the which it is due, on the date it was mailed by United St	date it is received by the SEC at the address given be	
Where To File: U.S. Securities and Exchange Commis	ssion, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be photocopies of the manually signed copy or bear typed		signed. Any copies not manually signed must be
Information Required: A new filing must contain all i thereto, the information requested in Part C, and any manot be filed with the SEC.		
Filing Fee: There is no federal filing fce.		
State: This notice shall be used to indicate reliance on the U ULOE and that have adopted this form. Issuers relyi are to be, or have been made. If a state requires the accompany this form. This notice shall be filed in the this notice and must be completed.	ng on ULOE must file a separate notice with the Sepayment of a fee as a precondition to the claim for a appropriate states in accordance with state law.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
Patture to the garden to the	ATTENTION —	
	es will not result in a loss of the federal exe a loss of an available state exemption unles	

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		A. BASICIDE	NTIF	ICATHON:DATA	Edigin La			
2. Enter the information requested	for the following			- T				SHIRONER ZHURDONI ZHA HARIN HA
Each promoter of the issue	er, if the issuer h	as been organized wi	ithin ti	he past five years;				
Each beneficial owner hav	ing the power to v	ote or dispose, or dir	ect the	vote or disposition c	of, 10	% or more o	f a clas	ss of equity securities of the issue
• Each executive officer and	I director of corp	orate issuers and of	corpor	ate general and man	aging	partners of	partne	ership issuers; and
• Each general and managin	g partner of part	nership issuers.						
Check Box(es) that Apply:	romoter	Beneficial Owner		Executive Officer		Director	\boxtimes	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)	<u></u>		·				
Alpha Equity Management LLO	2							
Business or Residence Address (N	umber and Street	, City, State, Zip Co	de)					
19A Ensign Drive, Avon, CT (6001							
Check Box(es) that Apply:	romoter [Beneficial Owner		Executive Officer General Partner		Director		General and/or Managing Partner
Full Name (Last name first, if indivi	dual)							
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		, City, State, Zip Coo						
c/o Alpha Equity Management	LLC, 19A Ens							
Check Box(es) that Apply:	romoter	Beneficial Owner	-	Executive Officer General Partner		Director		General and/or Managing Partner
Full Name (Last name first, if individual	dual)							
Fioramonti, Vince								
		, City, State, Zip Coo	,					
c/o Alpha Equity Management l	LLC, 19A Ens	ign Drive, Avon, (CT 06	5001				
Check Box(es) that Apply:	romoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individ	dual)		_					
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Business or Residence Address (No	imber and Street.	City, State, Zip Cot	16)					
Check Box(es) that Apply:	romoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individ	jual)							
Business or Residence Address (Nu	imber and Street	, City, State, Zip Coo	ie)					
Check Box(es) that Apply:	romoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individ	lual)							
Business or Decidence Address (A)	mhar and Ct	City State 71- C	10)					
Business or Residence Address (Nu	miber and Street,	City, State, Zip Cod	16)					
Check Box(es) that Apply:	romoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individ	lual)							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

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2.	What is	the minim	ium investir									\$ <u>500</u>	,000*
2	D											Yes	No
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Full	Name (Last name	first, if indi	vidual)									
			Address (N			•				-			
			enue, Suite		rth Bethes	da, MD 20	0814						
		bal Adviso		1161									
State	s in W	ich Person	Listed Has	Solicited	or Intend	s to Solicit	Purchasers	3					
	(Check	"All States	" or check i	individual	States)		••••••	····			•••••	A	ll States
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			Address (N	umber an	d Street, (City, State,	Zip Code)						
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(Check '	'All States'	' or check in	ndividual	States)	***************************************		·····				☐ Al	States
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1. Has th	e issuer sol	d, or does t						n this offer	_	*******************************	Yes 🔲	No
2. What i	is the minim	num investr					-		,		\$	
					•	•			•		Yes	No
3. Does t	he offering	permit join	it ownershi	ip of a sing	gle unit?			***************			🗆	
commi If a per or state	the informa ission or sim rson to be lis es, list the n er or dealer	ilar remune sted is an as ame of the t	eration for s sociated pe proker or de	solicitatior erson or ag ealer. If m	n of purchas ent of a bro ore than fiv	sers in conr ker or deal ve (5) perso	ection with er registere ons to be lis	n sales of se ed with the sted are asso	curities in SEC and/o	the offerin r with a sta	g. te	
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C OFFERING PRICE, NUMBER OF INVESTORS; EXPENSES AND USE OF PROCEEDS:

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ _0	<u>\$_0</u>
	Equity		<u>\$_0</u>
	Common Preferred		
	Convertible Securities (including warrants)	<u>\$_0</u>	<u>\$</u> 0
	Partnership Interests	\$500,000,000*	\$ <u>1,418,208</u>
	Other (Specify)		\$ 0
	Total		\$1,418,208
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	8	\$ <u>1,418,208</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	:	
	Transfer Agent's Fees		\$ <u>0</u>
	Printing and Engraving Costs	×	\$_1,000
	Legal Fees	_	\$ 20,000
	Accounting Fees		\$ <u>0</u>
	Engineering Fees		\$ 0
	Sales Commissions (specify finders' fees separately)		\$ <u>0</u>
	Other Expenses (identify) Filing Fees	_	\$ 3,000
	Total		s 24,000

^{*}The issuer is offering an unlimited amount of limited partnership interests. The Issuer does not expect to sell in excess of \$500,000,000 in limited partnership interests. Actual sales may be significantly lower.

Registration costs Column Totals			\$ \$_10,000
Other (specify):		\$ \$	\$
Other (specify):			\$
Other (specify):			
			
		Пs	№ \$499,966,000
• •			
offering that may be used in exchange for the a	ssets or securities of another		
Construction or leasing of plant buildings and i	facilities	\$	\$
and equipment	•		
		\$	
		Óffice Director Affiliat	ers, & Payments to es Others
each of the purposes shown. If the amount for check the box to the left of the estimate. The tota	any purpose is not known, furn I of the payments listed must equ	nish an estimate and Ial the adjusted gross	
proceeds to the issuer."			<u>\$ 499,976,000*</u>
	and total expenses furnished in response to Part C proceeds to the issuer." Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tota proceeds to the issuer set forth in response to F Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of n and equipment Construction or leasing of plant buildings and installation of other businesses (including the soffering that may be used in exchange for the a issuer pursuant to a merger)	and total expenses furnished in response to Part C — Question 4.a. This difference proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proceed of the purposes shown. If the amount for any purpose is not known, furnished the box to the left of the estimate. The total of the payments listed must equiporate to the issuer set forth in response to Part C — Question 4.b above. Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in to offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	Paymen Office Director Affilian Salaries and fees

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)